



Retirement Training Program Application

(Please Print Legibly)

Name _____

SSN _____ - _____ - _____ County _____
Mail Address _____

Agency _____ Work Location _____

Phone: work _____ home _____ fax _____

★ E-mail address _____ or My name is in the Global Address List ☐
Note: Class confirmations are done by e-mail. If you are not reachable by e-mail, PLEASE include complete mailing address.

Course Title Retirement Strategies for Life

Date(s) _____ or First Available ☐

Time(s) _____

Please answer the following questions:

Approximate years of service with Fairfax County: _____

Approximate date eligible for regular service retirement: _____

Please advise this office if you have arranged for special accommodations: _____

Supervisor's
Signature _____ Date _____ Phone _____

Training
Coordinator's
Signature _____ Date _____ Phone _____

_____ or My name is in the Global Address List ☐

Please print Training Coordinator's name and e-mail address above

Training Coordinator Use Only

Priority
Code: ____ Critical ____ Necessary ____ Space Avail

Human Resources, Benefits Division Use Only

Confirmed _____ Class Dates _____

Return via Inter-County mail to:
Human Resources, Benefits Division
Attn: Paul Brown

12000 Government Center Parkway, Suite 258, Fairfax, VA 22035
(703) 324-4916 fax (703) 802-8795